2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# 845532

Entity Name: ALBION COLLEGE, INC.

Current Principal Place of Business:

611 EAST PORTER
ALBION, MI 49224

New Principal Place of Business:

Current Mailing Address:

611 EAST PORTER, BUS. OFFICE
ALBION, MI 49224

New Mailing Address:

FEI Number: 38-1359081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACLEAN, FREDERICK, MACLEAN, AMATO & ARLEN
2700 N.E. 14TH STREET CAUSEWAY
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DR	( ) Delete
Name:	RANDALL, DONNA	
Address:	611 E PORTER - ALBION COLLEGE	
City-St-Zip:	ALBION, MI 49224	
Title:	DR	( ) Delete
Name:	VANAKEN, TROY D	
Address:	611 E PORTER ALBION COLL	
City-St-Zip:	ALBION, MI 49224	
Title:	D	( ) Delete
Name:	BAIRD, RICHARD L	
Address:	611 E PORTER ST-ALBION COLLEGE	
City-St-Zip:	ALBION, MI 49224	
Title:	D	( ) Delete
Name:	SMITH, RICHARD M	
Address:	611 E PORTER ALBION COLL	
City-St-Zip:	ALBION, MI 00000,	
Title:	D	( ) Delete
Name:	TOBIAS, PAUL D	
Address:	611 E PORTER ALBION COLLEGE	
City-St-Zip:	ALBION, MI 49224	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY D. VANAKEN DR 04/16/2008

Electronic Signature of Signing Officer or Director — Date